



**Public Works Department**

91 East Central Avenue  
 Belgrade, MT 59714-3848  
 Phone: (406) 388-3760  
*ci.belgrade.mt.us*

Date & Time	
Request Received:	_____
Received By:	_____
Pre-Check Completed:	
<i>Initials</i> _____	<i>Date</i> _____

**VALVE OPERATION REQUEST FORM**

**VALVE OPERATION REQUEST REQUIREMENTS**

- Contractor shall complete this form in triplicate and submit to the Project Engineer.
- A map / plan showing the location of valves to be operated by the City of Belgrade is required to be submitted with this form.
- An incomplete checklist will be cause for delaying the valve shutdown until all requirements are complete.
- The Project Engineer shall submit the completed request form to the Public Works Department a minimum of 48 hours (2 working days) prior to the time of the desired valve operation by the City of Belgrade.
- Valve Operation Requests not completed within 24 hours of the date and time of the requested shut down shall require resubmittal of the Valve Operation Request with the 48 hours (2 working days) minimum notification period in effect.
- Where residential and/or commercial services will be affected by the shutdown, the Contractor shall issue pre-printed notice forms to affected customers a minimum of twenty-four (24) hours prior to shutdown.
- If a shutdown is expected to exceed four (4) hours, as determined by the City of Belgrade, temporary water service will be required. Plans for temporary water service shall be submitted by the Project Engineer to the City of Belgrade for approval.
- Flushing operations shall not discharge to sanitary sewers, storm drains, or surface waters. Chlorinated water shall also not be discharged on the ground.

**VALVE OPERATION REQUEST INFORMATION**

Project:	
Location of Valve Operation Request:	
Purpose of Valve Operation:	
Date & Time Requested for Shutdown:	Estimated Duration of Shutdown:
Primary Valves to be Operated (Contractor to Fill-In): <input type="checkbox"/> Required Map or Plan Attached  <i>Note specific valve locations below for only the number of valves to be operated.</i>	Project Engineer (Company – Name):
	Project Engineer Approval Signature:
Valve #1: _____	Secondary Valves (For Public Works Use Only):
Valve #2: _____	
Valve #3: _____	
Valve #4: _____	
Valve #5: _____	
Valve #6: _____	

**CONTRACTOR INFORMATION**

Company:	On-Site Contact Name:
Address:	
On-Site Contact Phone:	On-Site Contact Email:

**ITEMS TO BE COMPLETED PRIOR TO VALVE SHUTDOWN**

<b>CHECKLIST ITEM</b>	<b>CONTRACTOR VERIFIED</b>	<b>COMMENTS</b>
1. Notices issued to services affected by shutdown 24 hours in advance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____	
2. Temporary service being provided if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____	
3. Notice issued to the Central Valley Fire District where hydrants or fire service lines may be affected by shutdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____	